

BEST AVAILABLE COPY**RECEIVED
CENTRAL FAX CENTER
JAN 11 2007**

UNITED STATES | ENGLAND | GERMANY | CHINA

FACSIMILE TRANSMISSION

FROM: Scott M. Alter

TELEPHONE:

DATE: January 11, 2007

TIME: _____ m. (Minneapolis)

NUMBER OF PAGES (including this page): 2

F&B FILE: 347016
REC:

TO: U.S. Patent and Trademark Office

FAX: 571-273-8300

MESSAGE

Inventor(s): Melamed, Nitzan

Appln. No.: 10/620,444

Filing Date: July 17, 2003

Title: CONSTANT VOLATILITY OR
RISK INDICES

Examiner:

Group Art Unit: 3624

Confirmation No.:

Customer No.: 35657

Docket No.: 80044 - 347016

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I HEREBY CERTIFY THAT THE ATTACHED DOCUMENTS ARE BEING FACSIMILE TRANSMITTED TO THE UNITED STATES PATENT AND TRADEMARK OFFICE VIA FACSIMILE NO. 571-273-8300 ON JANUARY 11, 2007.

1. POWER OF ATTORNEY AND CORRESPONDENCE ADDRESS INDICATION FORM

Aimee M. Thuerk**IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL THE FAX CENTER AT 303/607-3600
or AIMEE M. THUERK AT 303-607-3634.**

THIS TELECOPY IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US. THANK YOU.

F&B (04-06) SB/81 (04-06)

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/620,444
	Filing Date	July 19, 2002
	First Named Inventor	Melamed, Nitzan
	Title	CONSTANT VOLATILITY OR RISK INDICES
	Art Unit	3624
	Examiner Name	
	Attorney Docket Number	80044 - 347016

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

35657

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number

OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		ZIP
Country				
Telephone		Email		


I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	1/13/07
Name	Robin Denning	Telephone	(212) 981-7475
Title and Company	General Counsel, RiskMetrics Group, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.